Fill in this information to identify your case:	
United States Bankruptcy Court for the: Northern District of Ohio	
Case number (If known):	Chapter you are filing under:
Case Hamber (it known).	Chapter 7 Chapter 11
	☐ Chapter 12☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Identify	Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	Deborah	Ira
	identification (for example, your driver's license or	First name	First name
	passport).	Middle name	Middle name
		Traylor	Traylor
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	N/A	N/A
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		N/A	N/A
		First name	First name
		riist liame	r iist riairie
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of	4 2 5 0	2 4 1 0
	your Social Security	xxx - xx - <u>1</u> <u>3</u> <u>5</u> <u>0</u>	xxx - xx - <u>2</u> <u>4</u> <u>1</u> <u>0</u>
	number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

De	h.	ha	*	1

Deborah First Name

Middle Name

Traylor

Last Name

Case number (if known)_____

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers	☑ I have not used any business names or EINs.	☑ I have not used any business names or EINs.
	(EIN) you have used in	N/A	N/A
	the last 8 years	Business name	Business name
	Include trade names and		
	doing business as names	Business name	Business name
		EIN	EIN
		EIN	EIN T
5.	Where you live		If Debtor 2 lives at a different address:
		760 E 260th St	
		760 E. 260th St	Number Street
		Number	Names Cook
		Euclid OH 44132 City State ZIP Code	City State ZIP Code
		Cuyahoga County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		N/A	N/A Number Street
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)

De	h	+0	-	1
De	ı	w		

De	bor	ah

Traylor Last Name

Case number (if known)

Part 2:

Tell the Court About Your Bankruptcy Case

			Victoria Company				
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check of for Bank Chap Chap Chap Chap	ruptcy (F oter 7 oter 11 oter 12	a brief description of each, s Form 2010)). Also, go to the	see <i>Notic</i> top of pa	ce Required by 11 age 1 and check th	U.S.C. § 342(b) for Individuals Filing appropriate box.
8.	How you will pay the fee	local your subr with I nee Appl I req By la less pay	court for self, you nitting you a pre-ped to padication uest that we also the fee	or more details about how u may pay with cash, cas rour payment on your belinited address. The second of the seco	w you m shier's c half, you ts. If you e Filing ou may red to, v / line than noose th	nay pay. Typicall theck, or money ur attorney may pur attorney may pur choose this op a request this optivative your fee, a fat applies to you is option, you m	tion, sign and attach the nts (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the
9.	Have you filed for bankruptcy within the last 8 years?	□No	District District	Northern Ohio	When When When	06/17/2019 MM / DD / YYYY	Case number
10	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No ☐ Yes.			When	MM / DD / YYYY	Relationship to you Case number, if known Relationship to you Case number, if known
11.	Do you rent your residence?	☑ No. ☐ Yes.	☐ No.	ur landlord obtained an evic Go to line 12.	bout an i	,	Against You (Form 101A) and file it as

Deborah

First Name

Aiddle Name

Tray	lor
------	-----

Case number (if known)_____

3:	Report	About	Any	Businesses	You	Own	as	a	Sole	Proprieto	r
----	--------	-------	-----	-------------------	-----	-----	----	---	------	-----------	---

	Are you a sole proprietor of any full- or part-time	☑ No. (Go to Part 4.			
	business?	Yes.	Name and location of bus	siness		
	A sole proprietorship is a business you operate as an		N/A			
	individual, and is not a separate legal entity such as		Name of business, if any			
	a corporation, partnership, or		Number Street			
	LLC. If you have more than one					
	sole proprietorship, use a separate sheet and attach it to this petition.					
	to the petition.		City		State	ZIP Code
			Check the appropriate bo	ox to describe your busines	s:	
	3		☐ Health Care Business	s (as defined in 11 U.S.C. §	101(27A))	
			☐ Single Asset Real Es	state (as defined in 11 U.S.	C. § 101(51B))
			☐ Stockbroker (as defin	ned in 11 U.S.C. § 101(53A))	
			☐ Commodity Broker (a	as defined in 11 U.S.C. § 10)1(6))	
			✓ None of the above			
	For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).		the Bankruptcy Code. I am filing under Chapter			tor according to the definition in cording to the definition in the
			Bankruptcy Code.			
Pa	art 4: Report if You Own	or Have	Anv Hazardous Prop	erty or Any Property T	hat Needs	Immediate Attention
Pa	art 4: Report if You Own	or Have	Any Hazardous Prop	erty or Any Property T	hat Needs	Immediate Attention
d	Do you own or have any	or Have	Any Hazardous Prop	erty or Any Property T	hat Needs	Immediate Attention
	Do you own or have any property that poses or is alleged to pose a threat of imminent and	☑ No	Any Hazardous Proposition of the Any Hazardous Proposition of the Any Hazard?	N/A	hat Needs	Immediate Attention
	Do you own or have any property that poses or is alleged to pose a threat	☑ No			hat Needs	Immediate Attention
d	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any	☑ No	What is the hazard?	N/A		Immediate Attention
	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☑ No	What is the hazard?			Immediate Attention
d	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs	☑ No	What is the hazard?	N/A		Immediate Attention
d	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	☑ No	What is the hazard?	N/A s needed, why is it needed		Immediate Attention
	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	☑ No	What is the hazard? If immediate attention is	N/A s needed, why is it needed		Immediate Attention
d	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	☑ No	What is the hazard? If immediate attention is	N/A s needed, why is it needed		Immediate Attention

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debto	r 1	1:
--------------------	-----	----

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	required	to	receive	a	briefing	about
credit co	unseling	h	ecause o	of		

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	required	to	receive	a	briefing	about
credi	it co	unseling	b	ecause	of	:	

Credit couriseining because on

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Voluntary Petition for Individuals Filing for Bankruptcy

	to		

Deborah

Official Form 101

Traylor

First Name

Middle Name

Last Nam

Case number (if known

Pa	rt 6: Answer These Ques	tions for Reporting Purposes			
16.	What kind of debts do	16a. Are your debts primarily as "incurred by an individual pr	consumer debts? Consur imarily for a personal, family,	<i>mer debts</i> are , or household	defined in 11 U.S.C. § 101(8) purpose."
	you have?	No. Go to line 16b.✓ Yes. Go to line 17.			
		16b. Are your debts primarily money for a business or invest	business debts? Busines tment or through the operatio	s debts are de on of the busine	bts that you incurred to obtain ess or investment.
		✓ No. Go to line 16c.✓ Yes. Go to line 17.			
		16c. State the type of debts you ow	re that are not consumer deb	ts or business	debts.
17.	Are you filing under Chapter 7?	■ No. I am not filing under Chapt	ter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapter 7 administrative expenses at No	'. Do you estimate that after a re paid that funds will be ava	any exempt pro ilable to distrib	operty is excluded and ute to unsecured creditors?	
	☐ Yes				
18.	How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000		☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
19.	How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 millio	n on	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 mi	ion	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion
P	art 7: Sign Below	I have examined this petition, and	I declare under penalty of po	rium, that the in	oformation provided is true and
F	or you	correct.			
		If I have chosen to file under Chap of title 11, United States Code. I ur under Chapter 7.	nderstand the relief available	under each ch	napter, and I choose to proceed
		If no attorney represents me and I this document, I have obtained and	did not pay or agree to pay s d read the notice required by	omeone who i	is not an attorney to help me fill out 42(b).
		I request relief in accordance with			
		I understand making a false staten with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, and	in fines up to \$250,000, or im	obtaining mor aprisonment fo	ney or property by fraud in connection r up to 20 years, or both.
		X/S/ Deborah Traylor	×	/S/ Ira Tray	/lor
		Signature of Debtor 1		Signature of [
		Executed on 07/07/2019 MM / DD / YY	YY	Executed on	07/07/2019 MM / DD /YYYY

Voluntary Petition for Individuals Filing for Bankruptcy

0	h	to	r	1	

Deborah First Name Traylor

Middle Name

Last Name

Case number (if known)_

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/S/ Arleesha Wilson	Date	07/07/2019
Signature of Attorney for Debtor		MM / DD /YYYY
Arleesha Wilson		
Printed name		
Law Office of Arleesha Wilson		
Firm name		
4208 Prospect Ave		5
Number Street		
Cleveland	OH	44104
City	State	ZIP Code
Contact phone (216) 688-7112	Email add	_{ress} justice@attorneyawilson.con
97351	ОН	
Barnumher	State	

D	0	h	to	*	1

Deborah First Name

Middle Name

Traylor

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
□ No
☑ Yes
Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?
□ No
☑ Yes
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?
☑ No
Yes, Name of Person Notice Declaration and Signature (Official Form 119)
Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X /S/ Debora	ah Traylor	No.	🗴 /S/ Ira Traylo	or
Signature of		2	Signature of Del	btor 2
Date	07/07/2019 MM / DD / YYYY		Date	07/07/2019 MM/ DD/YYYY
Contact phone			Contact phone	0.
Cell phone	(216) 413-1482		Cell phone	
Email address	S		Email address	

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

ebtor 1	Deborah		Traylor
	First Name	Middle Name	Last Name
ebtor 2	Ira		Traylor
pouse, if filing)	First Name	Middle Name	Last Name
		Middle Name r the: Northern District of C	000

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

			Your ass	sets what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B			\$	75,400.00
1b. Copy line 62, Total personal property, from Schedule A/B			\$	24,458.27
1c. Copy line 63, Total of all property on Schedule A/B			\$	99,858.27
rt 2: Summarize Your Liabilities	and consecutive states of			
			Your lia	abilities
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of t		of Schedule D	\$	41,889.01
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e	,		\$	2,219.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line	e 6j of Schedule E/F	2	+ \$_	110,494.89
		Your total liabilities	\$	154,602.90
rt 3: Summarize Your Income and Expenses				
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I			\$	2,305.20
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J			\$	3,102.00

Case number (if known)

First Name

Middle Name

Pa	rt 4: Answer These Questions for Administrative and Statistical Records	3
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form. Yes	form to the court with your other schedules.
7.	 What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules. 	oses. 28 U.S.C. § 159.
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	s
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim
	9a. Domestic support obligations (Copy line 6a.)	\$0.00
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
	9d. Student loans. (Copy line 6f.)	\$0.00
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00 + \$0.00
	9g. Total. Add lines 9a through 9f.	\$2,219.00

ebtor 1	Deborah		Traylor
	First Name	Middle Name	Last Name
Debtor 2	Ira		Traylor
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for	the: Northern District of Ohio	
United States E	Bankruptcy Court for	the: Northern District of Ohio)

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Each Res	idence	, Building,	Land, or Other Real Estate You Own or Hav	e an Interest In	
1. Do yo	u own or have any lega	l or equi	table intere	st in any residence, building, land, or similar propo	erty?	
□ N	o. Go to Part 2.					
V Y	es. Where is the property	?				
1.1.	760 E. 260th St Street address, if available,	or other d	escription	What is the property? Check all that apply. ✓ Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
				Land	\$75,400.00	\$75,400.00
	Euclid	ОН	44132	☑ Investment property☑ Timeshare	Describe the nature of	of your ownership
	City	State	ZIP Code	Other	interest (such as fee the entireties, or a life	
				Who has an interest in the property? Check one.	Fee Simple	
	Cuyahoga			Debtor 1 only		
	County			☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
				☐ At least one of the debtors and another Other information you wish to add about this it	,	
				property identification number: Parcel No: 64		
If you	own or have more than o	ne, list h	ere:			
1.2.	N/A			What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Street address, if available,	or other d	escription	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
				Land	\$ 0.00	\$ 0.00
	City	State	ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
				Who has an interest in the property? Check one.		
				Debtor 1 only		
	County			Debtor 2 only		
				Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
				At least one of the debtors and another	(see instructions)	
				Other information you wish to add about this ite property identification number:		
Official F	Form 106A/B			Schadula A/R: Property		page 1

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Debtor 1	Deborah		Traylor	Case number (if k	nown)			
	First Name Middle	Name Last Name						
1.3.	N/A Street address, if available	e, or other description	What is the property? Check Single-family home Duplex or multi-unit buildin Condominium or cooperation Manufactured or mobile ho	g ve	the amount Creditors W	uct secured cla of any secured tho Have Clain alue of the operty?	d claims on Secure Curren	n Schedule D:
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other		interest (s	the nature o such as fee s ties, or a life	simple, 1	tenancy by
	County		Who has an interest in the place of the plac		☐ Check	if this is co	mmunit	y property
			At least one of the debtors		(see in	structions)	,	
			Other information you wish	to add about this ite	em, such as	local		
			property identification num	ber:				
you h								
'art 2: ∂o you o	that someone else drive , vans, trucks, tractors o es	al or equitable intereses. If you lease a vehicle		: Executory Contracts	and Unexpire	ed Leases.		
Part 2: Do you oou own Cars, □ N	own, lease, or have leg that someone else drive , vans, trucks, tractors	al or equitable intereses. If you lease a vehicle, sport utility vehicles Honda	e, also report it on Schedule G. motorcycles Who has an interest in the Debtor 1 only	: Executory Contracts	and Unexpire Do not deduthe amount	ed Leases. uct secured cla	aims or ex d claims o	n Schedule D:
Part 2: Do you cou own Cars, N Y	own, lease, or have leg that someone else drive vans, trucks, tractors of es Make: Model: Year: Approximate mileage:	gal or equitable intereses. If you lease a vehicle, sport utility vehicles	e, also report it on <i>Schedule G</i> . i, motorcycles Who has an interest in the	Executory Contracts property? Check one.	Do not dedithe amount	uct secured cla of any secure Who Have Clain	aims or ex d claims o ms Secure Currer	n Schedule D: d by Property.
Part 2: Do you dou own Cars,	own, lease, or have leg that someone else drive , vans, trucks, tractors to es Make: Model: Year:	Honda Accord	who has an interest in the Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	property? Check one.	Do not dedithe amount Creditors W Current v entire pro	uct secured cla of any secure Who Have Clain	aims or ex d claims o ms Secure Currer	n Schedule D: d by Property. It value of the
oyou cou own Cars, Y	own, lease, or have leg that someone else drive vans, trucks, tractors of es Make: Model: Year: Approximate mileage:	Honda Accord 2007 90,000	who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communications.	property? Check one.	Do not dedithe amount Creditors W Current v entire pro	uct secured cla of any secure Who Have Clain value of the operty?	aims or ex d claims o ms Secure Currer	n Schedule D: d by Property. it value of the n you own?
Part 2: Do you cou own Cars, N Y 3.1.	own, lease, or have leg that someone else drive yans, trucks, tractors of es Make: Model: Year: Approximate mileage: Other information:	Honda Accord 2007 90,000	who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communications.	property? Check one. and another hity property (see property? Check one.	Do not dedithe amount Creditors W. Do not dedithe amount Creditors W.	uct secured claim of any secure of the operty? 6,151.90 uct secured claim of the operty?	aims or exd claims of currer portion sims or exd claims or exd claims or exd claims or exd claims of currer currer currer currer currer currer	in Schedule D: d by Property. it value of the n you own? 5,583.00 emptions. Put n Schedule D:

Official Form 106A/B

Schedule A/B: Property

3.3	Make: Model: Year:	N/A	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Sch ms Secured by	nedule D: Property.
	Approximate mileage:		☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Current value of the entire property?	Current val	
	Other information:		☐ Check if this is community property (see instructions)	\$0.00	\$	0.00
3.4		N/A	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cl the amount of any secure	ed claims on Scl	nedule D:
	Model: Year: Approximate mileage:		□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Creditors Who Have Clair Current value of the entire property?	Current val	ue of the
	Other information:		Check if this is community property (see instructions)	\$	\$	0.00
	mples: Boats, trailers, mo		ner recreational vehicles, other vehicles, and accessoraft, fishing vessels, snowmobiles, motorcycle accessor			
-	Yes					
-	Yes N/A		Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Scl	nedule D:
	Yes Make: N/A			the amount of any secure	ed claims on Scl	nedule D: Property. ue of the
	Yes Make: N/A Model: Year:		☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clai Current value of the	ed claims on Scl ms Secured by Current val	nedule D: Property. ue of the
4.1	Yes Make: N/A Model: Year: Other information:	n one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$0.00	cd claims on Sci ms Secured by Current val portion you \$	nedule D: Property. Lue of the Lu own?
4.1	Yes Make: N/A Model: Year: Other information: Du own or have more than Make: N/A Model:	n one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only	Current value of the entire property? \$ 0.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair	Current val portion you saims or exemption so Science of Science o	nedule D: Property. Lue of the Lump on th
4.1	Yes Make: N/A Model: Year: Other information: ou own or have more than Make: N/A	n one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only	Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	current val portion you saims or exemption of science o	nedule D: Property. ue of the uown? 0.00 ons. Put nedule D: Property. ue of the uown?
4.1	Yes Make: N/A Model: Year: Other information: ou own or have more than Make: N/A Model: Year:	n one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	Current value of the entire property? \$ 0.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the accurate Creditors Who Have Clair Current value of the	Current val portion you saims or exemption delaims on Scured by Current val current val current val current val current val	nedule D: Property. ue of the uown? 0.00 ons. Put nedule D: Property. ue of the
4.1	Yes Make: N/A Model: Year: Other information: ou own or have more than Make: N/A Model: Year:	n one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see	Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	Current val portion you current val portion you caims or exemptied claims on Sclams Secured by Current val portion you current val portion you	ons. Put nedule D: Property. 0.00 ons. Put nedule D: Property. lue of the J own?

Last Name

Case number (if known)_

Official Form 106A/B

Deborah

Middle Name

First Name

Debtor 1

Schedule A/B: Property

Deborah First Name

Traylor

Case number (if known)_

Do you own or have any legal or equitable interest in any of the following items?	portion yo	ct secured claims
6. Household goods and furnishings		
Examples: Major appliances, furniture, linens, china, kitchenware		
\square No		
Yes. Describe Misc. household goods	\$	1,600.00
7. Electronics		
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
No Toloviniana callabanca lantan		4 500 00
Yes. Describe Televisions, cellphones, laptop	\$	1,500.00
Collectibles of volue		
8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;		
stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No		
Yes. Describe	\$	0.00
9. Equipment for sports and hobbies		
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
☑ No ☐ Yes. Describe	\$	0.00
Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☑ No ☐ Yes. Describe	\$	0.00
11. Clothes		
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
□ No		
Yes. Describe Misc. Apparel	\$	1,400.00
12. Jewelry		
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
□ No ☑ Yes. DescribeWedding set, everyday jewelry	\$	1,000.00
13. Non-farm animals		
Examples: Dogs, cats, birds, horses		
☑ No		
Yes. Describe	\$	0.00
Any other personal and household items you did not already list, including any health aids you did not list		
☑ No		
✓ No ✓ Yes. Give specific information	\$	0.00

Official Form 106A/B

Schedule A/B: Property

Case number (if known)	

Pa	4.	
100		

Describe Your Financial Assets

Do you own or have any l	legal or equitable interest in a	ny of the following?		Current value portion you on Do not deduct so or exemptions.	wn?
16. Cash <i>Examples:</i> Money you h	nave in your wallet, in your hom	e, in a safe deposit box, and on hand when you file	your petition		
No Yes			ash:	\$	0.00
and other si	avings, or other financial accou milar institutions. If you have m	nts; certificates of deposit; shares in credit unions, but iple accounts with the same institution, list each.	orokerage houses,		
☑ No ☐ Yes		Institution name:			
	47.4 Oh arking accounts	N/A		¢	0.00
	17.1. Checking account: 17.2. Checking account:	N/A		\$	0.00
	17.3. Savings account:	N/A		\$	0.00
	17.4. Savings account:	N/A		\$	0.00
	17.5. Certificates of deposit:	N/A		\$	0.00
	17.6. Other financial account:	N/A		\$	0.00
	17.7. Other financial account:	N/A		\$	0.00
	17.8. Other financial account:	N/A		\$	0.00
	17.9. Other financial account:	N/A		\$	0.00
	or publicly traded stocks investment accounts with broken	erage firms, money market accounts			
☑ No					
☐ Yes	Institution or issuer name: N/A				0.00
	N/A			\$	0.00
				\$	
19. Non-publicly traded s an LLC, partnership, a		rated and unincorporated businesses, including	an interest in		
☑ No	Name of entity:		of ownership:		
Yes. Give specific information about	N/A		0% _% 0% _%	\$	0.00
them			70/-	\$	
			%	\$	

Debtor 1 Deb	oorah	Traylor	Case number (if known)		
Negotiable insti	ruments include personal ch	ther negotiable and non-negotiable and son-negotiable and son-negotiab	ory notes, and money orders.		
☑ No ☐ Yes. Give s					
information them	about N/A			\$	0.00
				- \$	
				- \$	
	pension accounts				
Examples: Inter	rests in IRA, ERISA, Keogh	, 401(k), 403(b), thrift savings ac	counts, or other pension or profit-sharing plan	18	
Yes. List ea	ach				
account se	parately. Type of account:	Institution name:			0.00
	401(k) or similar pla			\$	0.00
	Pension plan:	N/A		\$	0.00
	IRA:	N/A		\$	0.00
	Retirement accoun	: N/A		\$	0.00
	Keogh:	N/A		\$	0.00
	Additional account:	N/A		\$	0.00
	Additional account	NI/A		\$	0.00
Your share of a	eements with landlords, pre		e service or use from a company , gas, water), telecommunications		
☑ No					
☐ Yes		Institution name or individual:			
	Electric:	N/A		- \$	0.00
	Gas:	N/A		- \$	0.00
	Heating oil:	N/A		- \$	0.00
	Security deposit or	rental unit: N/A		- \$	0.00
	Prepaid rent:	N/A		- \$	0.00
	Telephone:	N/A		- \$	0.00
	Water:	N/A		- \$	0.00
	Rented furniture:	N/A		- \$	0.00
	Other:	N/A		- \$	0.00
23. Annuities (A c	contract for a periodic payme	ent of money to you, either for life	e or for a number of years)		
☑ No	, , , , ,				

☑ No		
☐ Yes	Issuer name and description: N/A	 0.00
		\$
		\$

Official Form 106A/B

Schedule A/B: Property

	odude personal check	er negotiable and non-negotiable instruments ks, cashiers' checks, promissory notes, and money orders. pot transfer to someone by signing or delivering them.	
Negotiable instruments in Non-negotiable instruments	nts are those you can	not transfer to someone by signing or delivering them.	
☑ No			
Yes. Give specific	Issuer name:		\$ 0.00
information about them	N/A		\$
21. Retirement or pension	accounts	or other pension or profit-sharing plans	
Examples: Interests in II	RA, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☐ No			
Yes. List each account separately.	Type of account:	Institution name:	4 000 00
account separatory.	401(k) or similar plan:	PNC	\$ 4,000.00
		N/A	\$ 0.00
	Pension plan:	N/A	\$ 0.00
	IRA:	N/A	\$ 0.00
	Retirement account:	N/A	\$ 0.00
	Keogh:	N/A	\$ 0.00
	Additional account:		0.00
		NI/A	\$
22. Security deposits and		N/A	\$
Your share of all unuse Examples: Agreement companies, or others	d prepayments	N/A made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	\$,
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have is with landlords, prep	reads so that you may continue service or use from a company	\$ 0.00
Your share of all unuse Examples: Agreement companies, or others No	d prepayments ed deposits you have is with landlords, prep	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	\$ 0.00
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have ts with landlords, prep	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications	0.00
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have is with landlords, prep Electric: Gas: Heating oil:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A	
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have is with landlords, prep Electric: Gas: Heating oil:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A	0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have is with landlords, prep Electric: Gas:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A	0.00
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have is with landlords, prep Electric: Gas: Heating oil: Security deposit on	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A	0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have s with landlords, prep Electric: Gas: Heating oil: Security deposit on Prepaid rent:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have is with landlords, prep Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others M No	d prepayments ed deposits you have s with landlords, prep Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others No Yes	d prepayments ed deposits you have ts with landlords, prepare Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others No Yes	d prepayments ed deposits you have ts with landlords, prepare Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others No Yes	d prepayments ed deposits you have s with landlords, prep Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others No Yes	d prepayments ed deposits you have is with landlords, prep Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00 0.00
Your share of all unuse Examples: Agreement companies, or others No Yes	d prepayments ed deposits you have is with landlords, prepayments Electric: Gas: Heating oil: Security deposit on Prepaid rent: Telephone: Water: Rented furniture: Other:	made so that you may continue service or use from a company paid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: N/A N/A N/A N/A N/A N/A N/A N/	0.00 0.00 0.00 0.00 0.00 0.00

ebtor 1			Traylor	Case num	DCI (II KNOWN)		
	First Name Middle N	Name Last Name					
Interests	s in an education IRA	A, in an account in a qua	lified ABLE program, o	r under a qualifie	d state tuition program.		
26 U.S.C	C. §§ 530(b)(1), 529A(l						
☑ No							
		Institution name and des	scription. Separately file t	he records of any i	nterests.11 U.S.C. § 521	(c):	
						\$	0.00
						-	
						\$	
						Ψ	
	equitable or future in able for your benefit	terests in property (othe	er than anything listed i	in line 1), and righ	ts or powers		
☑ No							
	. Give specific					•	0.00
infor	mation about them					\$	0.00
Datante	convrighte tradema	arks, trade secrets, and	other intellectual prope	artv			
		mes, websites, proceeds					
V No							
	. Give specific						0.00
	mation about them					\$	0.00
		ther general intangibles		liquer licenses p	rofossional licenses		
-	es: Building permits, ex	xclusive licenses, coopera	ative association noidings	s, liquor licerises, p	roressional licenses		
☑ No							
	. Give specific rmation about them					\$	0.00
,,,,,,							
oney or p	property owed to you	1?				Current	value of the
							you own? duct secured
						claims or	
						oldii ilo ol	exemptions.
.Tax refu	unds owed to you					oldinio ol	exemptions.
. Tax ref u ☑ No	unds owed to you					Gains of	exemptions.
☑ No	unds owed to you . Give specific informa	tion			Federal:		0.00
☑ No	. Give specific information about them, including	g whether			Federal:	\$	
☑ No	. Give specific informa	g whether returns			State:		0.00
☑ No	. Give specific informate about them, including you already filed the	g whether returns					0.00
☑ No ☐ Yes	. Give specific informa about them, including you already filed the and the tax years	g whether returns			State:		0.00
☑ No ☐ Yes	. Give specific informal about them, including you already filed the land the tax years	g whether returns 	port. child support. maint	enance, divorce se	State: Local:	\$\$ \$\$	0.00
No Yes	. Give specific informal about them, including you already filed the land the tax years	g whether returns	port, child support, mainte	enance, divorce se	State: Local:	\$\$ \$\$	0.00
No Yes. Family Example No	. Give specific informate about them, including you already filed the and the tax years	g whether returns sum alimony, spousal supp	port, child support, mainte	enance, divorce se	State: Local:	\$\$ \$\$	0.00 0.00 0.00
No Yes. Family Example No	. Give specific informal about them, including you already filed the land the tax years	g whether returns sum alimony, spousal supp	port, child support, mainte	enance, divorce se	State: Local:	\$\$ \$\$	0.00
No Yes Family Example No	. Give specific informate about them, including you already filed the and the tax years	g whether returns sum alimony, spousal supp	port, child support, mainte	enance, divorce se	State: Local: ttlement, property settler	\$\$ \$\$	0.00 0.00 0.00
No Yes Family Example No	. Give specific informate about them, including you already filed the and the tax years	g whether returns sum alimony, spousal supp	port, child support, mainte	enance, divorce se	State: Local: ttlement, property settler Alimony: Maintenance: Support:	\$\$ \$\$	0.00 0.00 0.00 0.00 0.00
No Yes Family Example No	. Give specific informate about them, including you already filed the and the tax years	g whether returns sum alimony, spousal supp	port, child support, mainte	enance, divorce se	State: Local: ttlement, property settler Alimony: Maintenance: Support: Divorce settlement:	\$\$ \$\$	0.00 0.00 0.00 0.00 0.00 0.00
No Yes Family Example No	. Give specific informate about them, including you already filed the and the tax years	g whether returns sum alimony, spousal supp	port, child support, mainte	enance, divorce se	State: Local: ttlement, property settler Alimony: Maintenance: Support:	\$\$ \$\$	0.00 0.00 0.00 0.00 0.00
No Yes Family Example No Yes Other a	amounts someone ow	g whether returns			State: Local: ttlement, property settler Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00
✓ No ☐ Yes Family Example ✓ No ☐ Yes	amounts someone owles: Unpaid wages, dis	g whether returns sum alimony, spousal supportion	ts, disability benefits, sick		State: Local: ttlement, property settler Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00
No Yes Pamily Example No Yes Other a Example	amounts someone owles: Unpaid wages, dis	g whether returns	ts, disability benefits, sick		State: Local: ttlement, property settler Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00
No Yes Pamily Example No Yes Other a Example No N	about them, including you already filed the and the tax years support es: Past due or lump s Give specific informations. Give specific informations are amounts someone ownes: Unpaid wages, dis Social Security be	g whether returns sum alimony, spousal supportion	ts, disability benefits, sick nade to someone else		State: Local: ttlement, property settler Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00

Official Form 106A/B

Deborah

Schedule A/B: Property

	Ira	Traylor	Case number (if known)		
Debtor 1	First Name Middle Na				
	- in an advection IPA	in an account in a qualified ABLE program, o	or under a qualified state tuition program.		
24. Interest	C. §§ 530(b)(1), 529A(b	and 529(b)(1).			
☑ No	0.33				
☐ Ves		Institution name and description. Separately file	the records of any interests.11 U.S.C. § 521(c)):	
163	***************************************				0.00
				\$	
				\$	
				\$	
25. Trusts,	equitable or future in sable for your benefit	terests in property (other than anything listed	l in line 1), and rights or powers		
☑ No					
	s. Give specific			\$	0.00
	ormation about them			Φ	
26. Patent	s, copyrights, tradema	arks, trade secrets, and other intellectual pro	perty		
Examp	oles: Internet domain na	mes, websites, proceeds from royalties and licer	Ising agreements		
☑ No	13				must can tao
☐ Ye	s. Give specific			\$	0.00
info	ormation about them				
		i lista maliblea			
27. Licens	ses, franchises, and of	ther general intangibles xclusive licenses, cooperative association holdin	ngs, liquor licenses, professional licenses		
		actions incomed, cooperative accession			
☑ No					0.00
☐ Ye	es. Give specific formation about them			\$	0.00
iru	offilation about them				
		2			value of the
woney o	r property owed to you	u:			you own? educt secured
					exemptions.
28. Tax re	efunds owed to you				
☐ N				•	900.00
V Y	es. Give specific informa	ation	Federal:	\$	0.00
	about them, including you already filed the	e returns	State:	\$	
	and the tax years		Local:	\$	0.00
29. Fami	ly support	sum alimony, spousal support, child support, ma	aintenance, divorce settlement, property settlen	nent	
		sum allinorry, spousar support, orma support, ma			
☑ N					0.00
Y	es. Give specific inform	nation	Alimony:	\$	0.00
			Maintenance:	\$	0.00
			Support:	\$	0.00
			Divorce settlement:	\$	0.00
			Property settlement:	\$	0.00
30. Othe Exar	er amounts someone omples: Unpaid wages, d	owes you lisability insurance payments, disability benefits, penefits; unpaid loans you made to someone else	sick pay, vacation pay, workers' compensation	١,	
		perients, uripaid toaris you made to someone sist			
	No	Inner-Space Cleaning Corn			1,856.27
VI '	Yes. Give specific inform	nation Inner-Space Cleaning Corp		\$	1,000.27
					page 7
Official	Form 106A/B	Schedule A/B: Prop	erty		bego.

Debtor 1	Deborah	Traylor	Case number (ir known)		
Debtor	First Name Middle Name	Last Name			
	to to to common policies				
31. Interes Examp	sts in insurance policies les: Health, disability, or life insuran	ce; health savings account (HSA); cre	edit, homeowner's, or renter's insurance		
☑ No			Beneficiary:	Surrender or	refund value:
☐ Ye	s. Name the insurance company of each policy and list its value	Company name:		\$	0.00
				\$	
				\$	
If you	nterest in property that is due you are the beneficiary of a living trust, or ty because someone has died.	from someone who has died expect proceeds from a life insurance	policy, or are currently entitled to receive		
☑ No	o es. Give specific information			s	0.00
				, ,	
Exam	nples: Accidents, employment disput	or not you have filed a lawsuit or makes, insurance claims, or rights to sue	ade a demand for payment		
☑ N	es. Describe each claim			\$	0.00
			nterclaims of the debtor and rights		
34. Other	et off claims	ms of every nature, including cost.			0.00
	es. Describe each claim			\$	0.00
1	financial assets you did not alrea No Yes. Give specific information			\$	0.00
36. Add	I the dollar value of all of your ent	ries from Part 4, including any enti	ries for pages you have attached	> [\$	8,105.27
for	Part 4. Write that number here				
			Waye on Interest In List a	nv real estat	e in Part 1.
Part 5			n or Have an Interest In. List a	,	
37. Do	you own or have any legal or equi	itable interest in any business-rela	ted property?		
	No. Go to Part 6.				
ш	Yes. Go to line 38.			portion yo	act secured claims
			**		
	counts receivable or commission	s you already earned			
	No Yes, Describe			\$	0.00
				¥	
39. Of	fice equipment, furnishings, and samples: Business-related computers, sof	supplies tware, modems, printers, copiers, fax macl	nines, rugs, telephones, desks, chairs, electronic	devices	
	No Yes, Describe			\$	0.0
	165, Describe				
Offic	sial Form 106A/B	Schedule A/B: Pro	perty		page 8

Case number (if known)

19-13919-aih Doc 6 FILED 07/08/19 ENTERED 07/08/19 16:32:03 Page 20 of 46

Debtor	₁ Debora		Traylor	Case number (if known)	
DODIO	First Name	Middle Name La	st Name		
			to business and tools of	vous trado	
		s, equipment, supplies ye	ou use in business, and tools of	your trade	
A					0.00
ч	Yes. Describe				\$
11. Inve					
	Yes. Describe				\$
42. Inte	rests in partne	rships or joint ventures			
M					
	Yes. Describe	Name of entity:		% of ownership:	0.00
					\$\$
				- %	\$
		ailing lists, or other com	pilations		
4	No No your l	ists include personally it	dentifiable information (as define	ed in 11 U.S.C. § 101(41A))?	
_	No Vour	ists include personally it	activities in the same of the same		
		Describe			\$ 0.00
44 A n	v husiness-rela	ated property you did not	already list		
	No				0.00
	Yes. Give specinformation				\$
	imormation				\$
					\$
					\$
					\$
					\$
15 Ac	ld the dollar va	lue of all of your entries	from Part 5, including any entrie	es for pages you have attached	\$ 0.00
fo	r Part 5. Write t	hat number here			•
				to Var Our as Hove on Interes	t In
Part	6: Describ	oe Any Farm- and Con yn or have an interest in	nmercial Fishing-Related Pro farmland, list it in Part 1.	perty You Own or Have an Interes	· · · · ·
			e interest in any farm- or comme	ercial fishing-related property?	
	No. Go to Par Yes. Go to line				
	100. 00 10 1111				Current value of the
					portion you own? Do not deduct secured claims
					or exemptions.
	arm animals		.h		
-	_	ock, poultry, farm-raised fis	SIT		
1000	1 No 1 Yes				
					\$ 0.00

Debtor	r 1	Deborah		Tray	lor	Ca	ase number (if known)		
		First Name	Middle Name Last I	Name					
48. Cro	ps—ei	ither growing	or harvested						
	No								
ш		Give specific ation						\$	0.00
		fishing equip	oment, implements, ma	chinery, fixtures,	and tools	of trade			
	No Yes								
								\$	0.00
50. Far	m and	fishing supp	lies, chemicals, and fe	ed					
	No								
	103							\$	0.00
51. An	y farm-	and commer	rcial fishing-related pro	operty you did no	t already li	st			
	No Voc. (Give specific							
_		ation						\$	0.00
			f all of your entries fro					\$	0.00
for	Part 6	i. Write that n	umber here				→		
							V B. I N. 4 I !-4 Ab		
Part '	7:	Describe A	All Property You O	wn or Have a	n Intere	st in That	You Did Not List Above		
			perty of any kind you country club membership	did not already lis	st?				
	No							¢	0.00
		Give specific						\$	
								\$	
							_	\$	0.00
54. Ad	d the c	dollar value of	f all of your entries fro	m Part 7. Write tha	at number	here	→		
Dout	o. I	Liet the Te	otals of Each Part	of this Form					
Part	o:	LIST THE 10	otals of Each Part	of this Form					75 400 00
55. Pa	rt 1: To	otal real estate	e, line 2				→	\$	75,400.00
56. Pa	rt 2: To	otal vehicles,	line 5		\$	10,583.00			
57. Pa	rt 3: To	otal personal	and household items,	line 15	\$	5,500.00			
58. Pa	rt 4: To	otal financial	assets, line 36		\$	8,105.27			
59. Pa	rt 5: To	otal business	-related property, line	45	\$	0.00			
60. Pa	rt 6: To	otal farm- and	fishing-related proper	ty, line 52	\$	0.00			
61. Pa	rt 7: To	otal other pro	perty not listed, line 54	ı	+\$	0.00			
			y. Add lines 56 through		\$	24,458.27	Copy personal property total	+ ¢	24,458.27
02.10	tai per	sonai properi	.y. Aud iiries 30 iiriougri	V I	Ψ		Copy personal property total	• Ф	
63. To	tal of a	all property or	n Schedule A/B. Add lin	e 55 + line 62				\$	99,858.27
	01 0	p. opony or							

Official Form 106A/B

Schedule A/B: Property

_{tor 1} Deb	oorah		Traylor
	Name	Middle Name	Last Name
tor 2 Ira			Traylor
use, if filing) First I	Name	Middle Name	Last Name
, 0,		Middle Name the: Northern District of Oh	

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1: Identif	fy the Property You Claim	as Exempt		
1.	☐ You are clai	cemptions are you claiming? ming state and federal nonban ming federal exemptions. 11 U	kruptcy exemptions. 11	, , , , , ,	
2.	For any proper	ty you list on <i>Schedule A/B</i> t	hat you claim as exem	pt, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	House	\$ <u>75,400.00</u>	\$	O.R.C. Annotated §2329.66(A) (1)(b)
	Line from Schedule A/B:	<u>A</u>		■ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	Honda	\$ <u>5,583.00</u>	\$	O.R.C. Annotated §2329.66(A) (2)(b); O.R.C. Annotated
	Line from Schedule A/B:	<u>B</u>		■ 100% of fair market value, up to any applicable statutory limit	§2329.66(A)(18)
	Brief description:	Chrysler	\$5,000.00	\$	O.R.C. Annotated §2329.66(A) (2)(b); O.R.C. Annotated
	Line from Schedule A/B:	<u>B</u>		100% of fair market value, up to any applicable statutory limit	§2329.66(A)(18)
3.	(Subject to adju ✓ No	•	years after that for case	es filed on or after the date of adjustment. 1,215 days before you filed this case?)

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Case number (if known)

rt 2:	Addition	nai Page			d t ll accomption
Brief on Sc	description	n of the property and line 3 that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
on o			Copy the value from Schedule A/B	Check only one box for each exemption	O.R.C. Annotated §2329.66(A)(4)
Brief descr	iption:	Household goods	\$1,600.00	□ \$ ■ 100% of fair market value, up to	(b),(c),(d)
Line f	3.5	<u>B</u>		any applicable statutory limit	O.R.C. Annotated §2329.66(A)(4)
Brief desci	ription:	Tv, cellphone	\$1,500.00	100% of fair market value, up to	(b),(c),(d)
Line Sche	from edule A/B:	<u>B</u>		any applicable statutory limit	O.R.C. Annotated §2329.66(A)(4)
Brief desc	ription:	Apparel	\$1,400.00	✓ 100% of fair market value, up to	(b),(c),(d)
	from edule A/B:	В		any applicable statutory limit	O.R.C. Annotated §2329.66(A)(4)
Brief	f cription:	Jewelry		✓ 100% of fair market value, up to	(b),(c),(d)
Sch	from edule A/B:	В	4,000.00	any applicable statutory limit	11 U.S.C. §522(b)(3)(C)
	of cription: e from	Pension	_ \$4,000.00	☐ \$ ☐ 100% of fair market value, up to any applicable statutory limit	
	nedule A/B:	<u>B</u>	4 240 0		O.R.C. Annotated §2329.66(A)(9) (f); 5115.07
	ef scription: e from	Social Security B		U \$ ■ 100% of fair market value, up to any applicable statutory limit	(1), 5115.57
Sch	nedule A/B.	. ——	1,865.2	-	O.R.C. Annotated §2329.66(A) (13)
	ef scription: e from	Inner Space B	_ \$1,000.2	100% of fair market value, up to any applicable statutory limit	1 16
	hedule A/B	Income Tax	\$ 900.0		O.R.C. Annotated §2329.66(A) (3); O.R.C. Annotated
Lin	scription: ne from thedule A/E	В		√ 100% of fair market value, up to any applicable statutory limit	§2329.66(A)(18)
Sc			\$	_ \$	
de Lir	scription: ne from			100% of fair market value, up to any applicable statutory limit	
Br	chedule A/E rief	5.	\$	\$	
Li	escription: ne from chedule A/i	g		☐ 100% of fair market value, up t any applicable statutory limit	0
Ві	rief escription:		\$	\$ \$ 100% of fair market value, up	to
Li	ine from chedule A/	B:		any applicable statutory limit	
	rief escription:		\$	\$ 100% of fair market value, up	to
L	ine from Schedule A	/B:		any applicable statutory limit	
					page 2 of 2

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 2

Fill in this inf	ormation to identify	your case:										
	The second secon		and the second s	Traylor								
Debtor 1	Deborah First Name	Middle Nan	ne	Last Name								
Debtor 2	Ira			Traylor Last Name								
(Spouse, if filing)		Middle Nan		Last Name								
United States E	Bankruptcy Court for the:	Northern D	istrict of Onio									
Case number (If known)										Check if		an
Official	Form 106D											
Official	TOTTI TOOD		MATIL - ILI	love Cle	nime	Sacura	d h	v Prop	ert	v	12/1	5
Sched	ule D: Cre	ditors	Wno n	ave Gla	aims	Secure	oller ma	enensible for	reunn	lving correct		
information	lete and accurate as If more space is ne ages, write your nar	eded. cobv	the Additional	raye, illi it ou	ig togetne it, number	the entries, a	nd atta	ach it to this f	orm. (on the top of a	iny	
1 Do any cr	editors have claims	secured by	your property	/?								
No. Ch	neck this box and sub	mit this form	to the court wi	th your other so	chedules. Y	ou have nothir	ng else	to report on th	is forn	1.		
☑ Yes. F	ill in all of the informa	ation below.										
Part 1: L	ist All Secured Cl	aims					Colum	nn A	Colum	n B	Colum	n C
2. List all se	cured claims. If a cr	editor has m	ore than one se	ecured claim, lis	st the credit	or separately		nt of claim		of collateral	Unsec	
for each o	laim. If more than on as possible, list the cl	e creditor ha	as a narticular d	laim, list the oti	Hel Cledito	Sill I dit Z.		deduct the of collateral.	claim	upports this	If any	"
As much	as possible, list the ci	airns in aipn					value .	28,830.20	\$	75,400.00		0.00
2.1 Bank of	f America		Describe the	property that se	ecures the	claim:	\$	20,000.20	\$, 0, . 0	P	
Creditor's N			760 E. 260th									
Number	orporate Dr Street		Euclid, Oh 4									
1441115			As of the date	you file, the cl	laim is: Che	eck all that apply.						
DI	TV	75024	Contingent									
Plano	TX	ZIP Code	Unliquidate Disputed	ed								
				Check all that a	apply							
_	the debt? Check one.			nent you made (si		age or secured						
☑ Debtor☑ Debtor			car loan)									
	1 and Debtor 2 only			ien (such as tax li		c's lien)						
At least	one of the debtors and	another		lien from a lawsu uding a right to of								
☐ Check	if this claim relates t	o a	Other (incl	duling a right to of								
	unity debt		Last 4 digita	of account nun	mber 2	4 9 2						
1	was incurred			property that s		claim.	\$	6,906.91	\$	5,000.00	\$	0.00
2.2 Credit	Acceptance		_			· Oldiiiii	*					
	W. 12 Mile Rd		2007 Chrysi	er Town & Co	buritry							
Number	Street			te you file, the o	olaim is: Ch	eck all that annly	,					
			As of the date		ciaiii is. Oi	eck all trat appro						
South	field MI	48034	Unliquidat			334						
City	State	ZIP Code	☐ Disputed									
Who owe	s the debt? Check one).	Nature of lie	n. Check all that	apply.							
☑ Debto	r 1 only			ment you made (s	such as mor	gage or secured						
	r 2 only		car loan)	lien (such as tax	lien, mechar	nic's lien)						
	r 1 and Debtor 2 only st one of the debtors and	d another		t lien from a laws		view Serged Sec.						
				cluding a right to								
	k if this claim relates nunity debt	to a										
Date deb	t was incurred			of account nu			,	12 (2) (100 m)	. 1			
Add th	e dollar value of yo	ur entries ir					\$	35,737.1	1			
										2000	1 of 2	

Schedule D: Creditors Who Have Claims Secured by Property

Official Form 106D

Additional Page After listing any entries on this page, number them beginning with 2.3, followed After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Describe the property that secures the claim: 2.32 Consumer Portfolio Svcs, Inc Credicins Name 700 Independence Pkwy Namber Street Ste 400 As of the date you file, the claim is: Check all that apply. Chesapeake VA 23320 Considered Inches and another Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Who owes the debt? Check one. NIAME NIAME NIAME Credicins Name NIA As of the date you file, the claim is: Check all that apply. Statutory len (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Credicins Name N/A As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Describe the property that secures the claim: N/A As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Describe the property that secures the claim: N/A As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Describe the property that secures the claim: Column A An agreement you made (such as mortgage or secured care) Column A An agreement you made (such as mortgage or secured care) Column A An agreement you made (such as mortgage or secured care) Column A Column A An agreement you made (such as mortgage or secured care) Column A Column A An agreement you made (such as mortgage or secured care) Column	Deborah		aylor Case num	nber (if known)				
2.3 Consumer Portfolio Svcs, Inc Conditive Name C	Additional Page Part 1: After listing any entries	on this page, number them l	beginning with 2.3, followed	Amount of claim Do not deduct the value of collateral.	Value that su	of collateral ipports this	Unsecure portion If any	ed
State Chespeake Chespeak		Inc Describe the prope	erty that secures the claim:	\$6,151.90	\$	5,583.00	5	.00
Tool Independence Plwy Similar Sirest Site 400 Contingent Site 400 Contingent Check all that apply Check and another Check all that apply Check a								
Site 400 Chesapeake VA 23320 Chy Siste ZP Cote Corringent Who owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only As a of the date you file, the claim is: Check all that apply. Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Assistancy lies (lock as tax lies, mechanicis size) As of the date you file, the claim is: Check all that apply. Cristors Name N/A Number Sitest N/A Namber Sitest As of the date you file, the claim is: Check all that apply. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Sisse ZIP Cote Debtor 3 only Sisse ZIP Cote Debtor 4 only Debtor 3 only Sisse ZIP Cote Debtor 4 only Debtor 5 only Sisse ZIP Cote Debtor 5 only Debtor 5 only Sisse ZIP Cote Debtor 6 only Debtor 5 only Sisse ZIP Cote Debtor 6 only Debtor 7 only Cote 6 only Debtor 7 only Cote 6 only Debtor 1 only Sisse ZIP Cote Debtor 1 only Cote 6 only Debtor 2 only As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Configent is of the claim 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply. Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Check was incurred Last 4 digits of acco	700 Independence Pkwy		Jiu					
Chesapeake VA 23320	T CONTROL OF THE PARTY OF THE P		a la					
Check if this claim relates to a community debt Check one. Check if this claim relates to a community debt Check if this claim relates to			file, the claim is: Check all that apply.	•				
Who owes the debt? Check one. Debtor 1 only	Chesapeano							
Deblor 1 only Deblor 2 only Deblor 2 only Deblor 3 and 4 on the certain Deblor 3 and 5 a	City	·						
Debtor 1 only	Who owes the debt? Check one.							
Debtor 2 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Deb		An agreement ye	ou made (such as mortgage or secured					
Detect 1 and Detect 2 only Detect 3 only Detect 3 only Detect 3 only Detect 4 only Detect 4 only Detect 5 only Detect 5 only Detect 6 only Detect 6 only Detect 7 only Detect 8 only Detect 8 only Detect 8 only Detect 9 only		car loan)	uch as tax lien, mechanic's lien)					
Check if this claim relates to a community debt Date debt was incurred		other Judgment lien fr	rom a lawsuit					
Community debt Date debt was incurred Last 4 digits of account number 9 5 8 4 N/A		Other (including	a right to offset)	_				
Last 4 digits of account number 9 5 8 4. 2.4 N/A		a						
Describe the property that secures the claim: N/A		Last 4 digits of ac	count number 9 5 8 4					
Creditor's Name				0.0	0 \$	0.00	\$	0.00
Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number City State ZIP Code Who owes the debt? Check one. Debtor 3 only Debtor 4 only Street As of the date you file, the claim is: Check all that apply. Codition is in a lawsuit Date debt was incurred Last 4 digits of account number City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Statutory lien (such as tax lien, mechanic's lien) Statutory lien (such as tax lien, mechanic's lien) Statutory lien (such as tax lien, mechanic's lien) Dudgment lien from a lawsuit Disputed Date debt was incurred Last 4 digits of account number Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Dudgment lien from a lawsuit Disputed Date debt was incurred Last 4 digits of account number Date debt was incurred Last 4 digits of account number Las	2.4 N/A	Describe the prop	perty that secures the claim:	\$				
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	Creditor's Name	NI/A						
Contingent Unliquidated Unliquidated Disputed	Number Street		Oh ask all that ann	lv.				
Unliquidated Disputed			u file, the claim is: Check all that appr	iy.				
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Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number		another Judgment lie	n rrom a lawsuit ling a right to offset)					
Date debt was mounted		to a						
					_ 2.2			
	Add the dollar value of	f your entries in Column A o	n this page. Write that number h	ere: \$35,73	7.11			

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

page 2 of 2

41,889.01

Fill in	this information to identify your case:					
	. Deborah	Traylor				
Debto	First Name Middle Name	Last Name				
Debto	r ₂ Ira	Traylor Last Name				
	e, if filing) First Name Middle Name					
United	States Bankruptcy Court for the: Northern District of	Ohio			☐ Check	if this is an
Case (If kno	numberwn)				amend	led filing
	cial Form 106E/F					
	nedule E/F: Creditors W					12/15
A/B: F	complete and accurate as possible. Use Part te other party to any executory contracts or un property (Official Form 106A/B) and on Scheduors with partially secured claims that are listed, copy the Part you need, fill it out, number the diditional pages, write your name and case number that the page is a contract to the page is a	lexpired leases that could reach le G: Executory Contracts and d in Schedule D: Creditors Who he entries in the boxes on the lease nber (if known).	Unexpired Leases (Off	ficial Form 106	G). Do not in	clude any
	o any creditors have priority unsecured claims					
	No. Go to Part 2.	,				
	l v-					alaina For
ea no	Yes. st all of your priority unsecured claims. If a creater claim listed, identify what type of claim it is. If a priority amounts. As much as possible, list the casecured claims, fill out the Continuation Page of	a claim has both phonty and hon claims in alphabetical order accor Part 1. If more than one creditor	ding to the creditor's nan nolds a particular claim, l	ne. If you have	more than tw	o priority
(F	for an explanation of each type of claim, see the i	nstructions for this form in the ins	truction booklet.)	Total claim	Priority amount	Nonpriority amount
				0.040.00	0.040.00) s 0.00
2.1	Office of Ohio Attorney Geneal	Last 4 digits of account numb	er \$	2,219.00	\$ 2,219.00) \$0.00
	Priority Creditor's Name 150 E. Gay St	When was the debt incurred?				
	Number Street					
		As of the date you file, the cla	im is: Check all that apply			
	Columbus OH 43215 City State ZIP Code	Contingent				
	Oity	Unliquidated				
	Who incurred the debt? Check one. Debtor 1 only	Disputed				
	Debtor 2 only	Type of PRIORITY unsecure	d claim:			
	Debtor 1 and Debtor 2 only	☐ Domestic support obligations				
	At least one of the debtors and another	☐ Taxes and certain other debts	you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal	njury while you were			
	Is the claim subject to offset?	intoxicated Other. Specify				
	No No	Caler. opecity				
	Yes			0.00	0.0	0.00
2.2	N/A Priority Creditor's Name	Last 4 digits of account numl When was the debt incurred?		\$	\$	\$
	Number Street	As of the date you file, the cla	im is: Check all that apply			
		Contingent				
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
	Debtor 1 only	Type of PRIORITY unsecur	ed claim:			
	Debtor 2 only	Domestic support obligations				
	Debtor 1 and Debtor 2 only	Taxes and certain other debi				
	☐ At least one of the debtors and another	Claims for death or personal				
	☐ Check if this claim is for a community debt	intoxicated				
	Is the claim subject to offset?	Other. Specify				
	□ No					
	Yes					
						. 12

page 1 of _13

Part 2:

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

	No. You have nothing to report in this Yes	s part. Sub	mit this form to th	e court with your other schedules.		
n ir	oppriority unsecured claim, list the cred	itor separa itor holds a	tely for each clair	order of the creditor who holds each claim. If a creditor has m. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three nor	list clair	ms already
					Total	claim
4.1	Bank of America			Last 4 digits of account number 6 9 6 0	\$	7,297.00
	Nonpriority Creditor's Name 4909 Savarese Cir			When was the debt incurred?		
	Number Street			-		
	Tampa	FL State	33634 ZIP Code	As of the date you file, the claim is: Check all that apply.		
				☐ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	☐ Debtor 1 only			☐ Disputed		
	Debtor 2 only			T (NONDRIGOTTY		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
	Check if this claim is for a commun	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	No No			Other. Specify Mortgage		
	Yes					
4.2	Charles E. Rust			Last 4 digits of account number	\$	28,830.00
1.12	Nonpriority Creditor's Name			When was the debt incurred?		
	120 E. 4th St					
	Number Street			-		
	Cincinnati	ОН	45202	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			T ALCHER LODITY d alaims		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a commun	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☑ No			☑ Other. Specify US Bank		
	Yes					
4.3	Charter Communications			Last 4 digits of account number	\$	1,422.00
	Nonpriority Creditor's Name 400 Atlantic St			When was the debt incurred?		
	Number Street			_		
	Stanford	CT	06901	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	☑ Debtor 1 only			Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	✓ No			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify Utility 		
	☐ Yes			Guidi. Opodity		

Case number (if known)

Part 2:

Cleveland Clinic When was the debt incurred?	After	listing any entries on this page, nu	mber them	n beginning with	4.4, followed by 4.5, and so forth.	Tota	al claim
Spool Euclid Ave Number Sweet Cleveland DH 44195 Dity Who incurred the debt? Check one. Diputed Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and 1 and Debtor 2 only Debtor 6 and 1 and Debtor 2 only Debtor 6 and Debtor 8 and 1 and Debtor 2 only Debtor 7 and Debtor 8 and 1 and Debtor 9 and 1 an	1.7	Cleveland Clinic			Last 4 digits of account number	\$	104.00
As of the date you file, the claim is: Check all that apply.					When was the debt incurred?		
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Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 onl					Contingent		
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Steel claim subject to offset? Some community debt State					you did not report as priority claims		
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4.8 Cleveland Clinic Conspirers Same Shore Cleveland Conspirers Same Shore Cleveland Conspirers Conspirers Same Conspirers Co					Other. Specify Modified.		
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9500 Euclid Ave Number Street Cleveland OH 44195 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical					When was the debt incurred?		
Cleveland City State ZIP Code Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical					CORRECTOR CONTRACTOR C		
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical			ОН				
Who incurred the debt? Check one. ☐ Disputed ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical		City	State	ZIP Code			
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical		Who incurred the debt? Check one.			· AA		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical		☑ Debtor 1 only			T (NONDRIGHTY upgeouted claim:		
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Steeling subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical		A STATE OF THE STA					
you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Medical			ner		Obligations arising out of a separation agreement or divorce that		
Is the claim subject to offset? Other. Specify Medical					you did not report as priority claims		
is the statin easyless to the state of the s			,		Other. Specify Medical		
☐ Yes		☑ No					

Part 2:

er listing any entries on this page, nun	nber ther	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
Cleveland Clinic			Last 4 digits of account number	\$110.00
Nonpriority Creditor's Name			When was the debt incurred?	
9500 Euclid Ave			-	
Number Street Cleveland	ОН	44195	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed	
Debtor 1 only			Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and another			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a commun	ity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			☑ Other. Specify Medical	
☑ No				
Yes				
Cleveland Clinic			Last 4 digits of account number	\$194.00
Nonpriority Creditor's Name				
9500 Euclid Ave			When was the debt incurred?	
Number Street	OLL	44195	As of the date you file, the claim is: Check all that apply.	
Cleveland	OH	ZIP Code	Contingent	
Oity			☐ Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only				
At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a commun	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Medical	
☑ No				
☐ Yes				
<u>,</u>				\$ 164.0
Cleveland Clinic			Last 4 digits of account number	Ψ
Nonpriority Creditor's Name			When was the debt incurred?	
9500 Euclid Ave			When was the dept incurred:	
Number Street Cleveland	ОН	44195	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
			☐ Unliquidated	
Who incurred the debt? Check one.			☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a commu	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Medical	
₩ No				
Yes				

Case number (if known)____

Part 2:

After	listing any entries on this page, nu	mber them	beginning with 4	4.4, followed by 4.5, and so forth.	Total claim
.1:	Cuyahoga Common Pleas Cou	urt		Last 4 digits of account number 7 3 6 8	\$28,803.00
1	Nonpriority Creditor's Name 1200 Ontario St			When was the debt incurred?	
1	Number Street	ОН	44113	As of the date you file, the claim is: Check all that apply.	
	Cleveland	State	ZIP Code	Contingent	
,	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 onlyAt least one of the debtors and another	r		Student loansObligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commu			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
		anity debt		Other. Specify_US Bank	
	Is the claim subject to offset? ✓ No			Cultural Spaces,	
	Yes				
4.14	E Lawred Beauties Compan	v		Last 4 digits of account number 7 3 7 8	\$ <u>1,422.00</u>
	Enhanced Recovery Compan Nonpriority Creditor's Name	у		When was the debt incurred?	
	P.O. Box 57547				
	Number Street Jacksonville	FL	32241	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 onlyAt least one of the debtors and anoth	er		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a comm	nunity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Charter Communications	
	☑ No				
	Yes				229.50
4.1				Last 4 digits of account number 0 4 4 7	\$229.30
	Exact Care Pharmacy	1			
	Nonpriority Creditor's Name 8333 Rockside Rd			When was the debt incurred?	
	Number Street	OH	44125	As of the date you file, the claim is: Check all that apply.	
	valley View	OH	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and anot	her		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a com	munity deb	t	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Medical	
	√ No				
	Yes				

Part 2:

After	listing any entries on this page, nu	mber them	beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.16				Last 4 digits of account number 1 6 4 7	s 104.00
1.11	First Federal Credit Control			•	4
	Nonpriority Creditor's Name 24700 Chagrin Blvd, Ste 205			When was the debt incurred?	
	Number Street	ОН	44122	As of the date you file, the claim is: Check all that apply.	
	Beachwood	State	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			☑ Other. Specify Medical	
	☑ No				
	Yes				
4.17				1 6 8 6	s 104.00
4.17	First Federal Credit Control			Last 4 digits of account number 1 6 8 6	Ψ
	Nonpriority Creditor's Name			When was the debt incurred?	
	24700 Chagrin Blvd, Ste 205			As of the date you file, the claim is: Check all that apply.	
	Beachwood	ОН	44122	Contingent	
	City	State	ZIP Code	☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	☑ Debtor 1 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another	er		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a comm	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Medical	
	☑ No				
	Yes				
4.1				. 1 6 9 9	\$93.00
7.1	First Federal Credit Control			Last 4 digits of account number 1 6 9 9	
	Nonpriority Creditor's Name			When was the debt incurred?	
	24700 Chagrin Blvd, Ste 205	l.		As of the date you file, the claim is: Check all that apply.	
	Beachwood	ОН	44122		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	☑ Debtor 1 only			Type of NONPRIORITY unsecured claim:	
	 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 			Student loans	
				Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a com		t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	,		Other. Specify Medical	
	No				
	Yes				

Case number (if known)_

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dle Name Last

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Total claim

	irst Federal Credit Control			Last 4 digits of account number 1 7 3 0	\$	110.00
	lonpriority Creditor's Name 24700 Chagrin Blvd, Ste 205			When was the debt incurred?		
Nu	Number Street			As of the date you file, the claim is: Check all that apply.		
	eachwood	OH	44122 ZIP Code	Contingent		
Ci	ty	Otato	211	Unliquidated		
W	/ho incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			Type of NONPRIORITY unsecured claim:		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that		
				you did not report as priority claims		
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts		
Is	s the claim subject to offset?			☑ Other Specify Medical		
5	∕ No					
	Yes					
7						1016
	First Federal Credit Control			Last 4 digits of account number 1 7 6 6	\$	194.0
	Nonpriority Creditor's Name			— the debt in a surrend?		
	24700 Chagrin Blvd, Ste 205			When was the debt incurred?		
	Number Street		11100	As of the date you file, the claim is: Check all that apply.		
	Beachwood	OH	44122 ZIP Code	Contingent		
C	City	State	ZIP Code	☐ Unliquidated		
١	Who incurred the debt? Check one.			Disputed		
[■ Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and anothe	er		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community debt			Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify Medical		
	M No					
	☐ Yes					
_					•	164.
2				Last 4 digits of account number 2 0 6 1	\$	
	First Federal Credit Control	1				
	Nonpriority Creditor's Name			When was the debt incurred?		
	24700 Chagrin Blvd, Ste 205 Number Street			As of the date you file, the claim is: Check all that apply.		
	Beachwood	OH	44122	As of the date you file, the claim is. Officer all that apply.		
	City	State	ZIP Code	Contingent		
	and the state of the state of			Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			Type of NONPRIORITY unsecured claim:		
	Debtor 2 only Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and anoth	er		Obligations arising out of a separation agreement or divorce that		
				you did not report as priority claims		
	☐ Check if this claim is for a comm	nunity debt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			☑ Other Specify Medical		
	☑ No					

Part 2:

t 2: Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page,	number them	beginning with	4.4, followed by 4.5, and so forth.	Total claim
Jefferson Capital Systems,	LLC		Last 4 digits of account number 0 0 1	\$_1,652.7
Nonpriority Creditor's Name 16 Mc Leland Rd			When was the debt incurred?	
Number Street	MN	56303	As of the date you file, the claim is: Check all that apply.	
St. Cloud		ZIP Code	Contingent	
City	Oldio		Unliquidated	
Who incurred the debt? Check one			Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only				
Debtor 1 and Debtor 2 only			Student loansObligations arising out of a separation agreement or divorce that	
At least one of the debtors and and			you did not report as priority claims	
☐ Check if this claim is for a con	nmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Verizon	
☑ No				
Yes				
			Last 4 digits of account number 3 4 8 3	\$762.
Microf, LLC				
Nonpriority Creditor's Name			When was the debt incurred?	
P.O. Box 4115				
Number Street Concord	CA	94524	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
			Unliquidated	
Who incurred the debt? Check on	e.		☐ Disputed	
■ Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only				
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and ar	nother		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a co	mmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify_HVAC Company	
M No			2	
Yes				
1				262
	10 V 2 E S		Last 4 digits of account number 4 2 4 0	\$
Penderick Capital Partners	s, II, LLC		Eurs 7 digito of determination	
Nonpriority Creditor's Name			When was the debt incurred?	
625 US -1			a set to the server file the claim in Obert all that apply	
Number Street Key West	FL	33040	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	
			Unliquidated	
Who incurred the debt? Check or	ne.		Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only				
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and a	nother		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a c	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			✓ Other. Specify Medical	
M No				

Schedule E/F: Creditors Who Have Unsecured Claims

page 8 of 13

Yes

Case number (if known)____

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

After	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				
4.2	Phoenix Financial Services, LLC			Last 4 digits of account number	\$262.95
	Nonpriority Creditor's Name P.O. Box 361450			When was the debt incurred?	
	Number Street	IN	46236	As of the date you file, the claim is: Check all that apply.	
	Indianapolis	State	ZIP Code	Contingent	
				☐ Unliquidated☐ Disputed	
	Who incurred the debt? Check one. Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	thor		Student loansObligations arising out of a separation agreement or divorce that	
				you did not report as priority claims	
	Check if this claim is for a com	munity debt		 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Penderick Capital Partners 	
	Is the claim subject to offset?			Curon Opposity	
	Yes				
4.26				Last 4 digits of account number 6 1 7 6	\$ 3,175.00
	Regions Bank Nonpriority Creditor's Name			When was the debt incurred?	
	1791 NE Expressway				
	Number Street Atlanta	GA	30329	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one			☐ Unliquidated ☐ Disputed	
	Debtor 1 only			•	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	✓ Debtor 1 and Debtor 2 only✓ At least one of the debtors and and	other		Student loansObligations arising out of a separation agreement or divorce that	
				you did not report as priority claims	
	Check if this claim is for a cor	mmumity debt		 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card 	
	Is the claim subject to offset? No			Culot. Open,	
	Yes				
4.0	7				\$162.75
4.2	∃ Richmond Heights Othopa	edics		Last 4 digits of account number	
	Nonpriority Creditor's Name			When was the debt incurred?	
	26971 Chardon Rd			As of the date you file, the claim is: Check all that apply.	
	Richmond Hts	ОН	44143		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only			Type of NONPRIORITY unsecured claim:	
	 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt 			☐ Student loans	
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
			t	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			✓ Other Specify Medical	
	☑ No				
	Yes				

page 9 of 13

Part 2:

listing any entries on this page	, number then	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
Robert Boich			Last 4 digits of account number	\$_2,219.0
Nonpriority Creditor's Name			When was the debt incurred?	
6245 Emerald Pkwy, Ste B				
Number Street Dublin	ОН	43016	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check one Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and and	other		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a cor	nmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify State of Ohio	
☑ No ☐ Yes				
			Last 4 digits of account number 3 2 0 3	\$ 2,000.
Spectrum	21		Last 4 digits of account fightness	*
Nonpriority Creditor's Name			When was the debt incurred?	
P.O. Box 901			_	
Number Street	IL	60132	As of the date you file, the claim is: Check all that apply.	
Carol Stream City	State	ZIP Code	Contingent Unliquidated	
Who incurred the debt? Check on	ie.		Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a	nother		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
			☑ Other. Specify Utility	
M No				
Yes				
]				\$28,803
US Bank			Last 4 digits of account number	
Nonpriority Creditor's Name			When was the debt incurred?	
P.O. Box 108				
Number Street St. Louis	MO	63166	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check o	ne.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			- I deline	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and a		*	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a c	ommunity deb		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? √2 No			☑ Other. Specify Loan	
Yes				

Deborah

Case number (if known)_

Part 2:

After	listing any entries on this page, r	umber then	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.3	Verizon			Last 4 digits of account number	\$_1,652.70
	Nonpriority Creditor's Name P.O. Box 25505			When was the debt incurred?	
	Number Street	PA	18002	As of the date you file, the claim is: Check all that apply.	
	Lehigh Valley City	State	ZIP Code	Contingent	
	52.000 * 3 * 8			Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and anot	ner		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a com	nunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify	
	No				
	Yes				
4.32				Last 4 digits of account number	\$
	Nonpriority Creditor's Name		ix.	When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and and	ther		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a con	munity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify	
	□ No				
	Yes				
	1				\$
4.33				Last 4 digits of account number	
	Nonpriority Creditor's Name			When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	MILL TO THE STATE OF THE STATE			Unliquidated	
	Who incurred the debt? Check on	ð.		Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and ar	other		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a co	mmunity dek	ot	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	, , ,		Other. Specify	
	☐ No ☐ Yes				

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Colored and Dept 4. Creditors with Priority Unsecured Claims
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
N/A	Vi.			On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
rumoor				Claims
				Last 4 digits of account number
City		State	ZIP Code	
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name		· ·		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	0:			Part 2: Creditors with Nonpriority Unsecured
Number	Street			Claims
City		State	ZIP Code	Last 4 digits of account number
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name			7	
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
			710.0.1	Last 4 digits of account number
City		State	ZIP Code	Out the section Board on Board 2 did you list the opinional anaditors?
N/A Name				On which entry in Part 1 or Part 2 did you list the original creditor?
, value				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
			18.	Last 4 digits of account number
City		State	ZIP Code	
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
	*			Claims
				Last 4 digits of account number
City		State	ZIP Code	Last 7 digits of account number

page 12_{of} 13

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$2,219.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$
2	6e. Total. Add lines 6a through 6d.	6e.	\$2,219.00
			Total claim
Total claims	6f. Student loans	6f.	\$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$110,494.89
	6j. Total. Add lines 6f through 6i.	6j.	\$110,494.89

Debtor	Deborah		Traylor	
Debtoi	First Name	Middle Name	Last Name	
Debtor 2	Ira		Traylor	
(Spouse If filing)	First Name	Middle Name	Last Name	
	Bankruptcy Court fo	r the: Northern District of Ohio		
United States				
United States	,			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1	N/A				
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2	N/A			-	
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3	N/A				
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4	N/A				
	Name			- 19	
	Number	Street			
	City		State	ZIP Code	7
2.5	N/A				
	Name				
	Number	Street			
	City		State	ZIP Code	

page 1 of 1

Fill in	this in	nformation to ide	ntify your case:				
		Deborah		Traylor			
Debtor	r 1	First Name	Middle Name	Last Name			
Debto		Ira First Name	Middle Name	Traylor Last Name			
United	States	Bankruptcy Court for	r the: Northern District of	Onio			
Case i	number					D or an inter-	
(11 11101						☐ Check if this is amended filing	ar
						amonada ming	
Offic	cial I	Form 106F	1				
Sch	ed	ule H: Yo	our Codebto	rs		12/15	
are filling and nucase not a second and a second a second and a second a second and	ng tog imber umber o you h No Yes lithin the rizona, No. (Yes.	ether, both are ed the entries in the r (if known). Answ have any codebto he last 8 years, h California, Idaho, Go to line 3. Did your spouse, No Yes. In which comm	qually responsible for so boxes on the left. Attacker every question. ors? (If you are filing a journ and a communication and	supplying correct in the Additional Print case, do not list a munity property stay Mexico, Puerto Ricequivalent live with you live?	nformation. If mo age to this page either spouse as a site or territory? (o, Texas, Washin you at the time?	Community property states and territories include	t,
		Number Street					
		City	State		ZIP Code		
si Si	nown i chedu chedu	in line 2 again as le D (Official Forr le E/F, or Schedu	a codebtor only if that m 106D), Schedule E/F lile G to fill out Column	person is a guarar (Official Form 106E	tor or cosigner.	f your spouse is filing with you. List the person Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D,	
(Columi	n 1: Your codebto	or			Column 2: The creditor to whom you owe the debt	
						Check all schedules that apply:	
3.1	N/A					Schedule D, line	
	Name					☐ Schedule E/F, line	
	Number	Street		>-		Schedule G, line	
	City		Stat	Α	ZIP Code		
3.2					330		
	N/A Name					Schedule D, line	
			-	*		Schedule E/F, line	
	Number	r Street				☐ Schedule G, line	
	City		Stat	е	ZIP Code		
3.3	N/A					D. Cabadula D. Para	
	Name					Schedule D, line	
	Number	r Street				Schedule E/F, line	
	Mullipe	, Gueet				Galledule G, lifte	
	City		Stat	e	ZIP Code		

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Official Form 106H

page 1 of 1

Schedule H: Your Codebtors

Fill in this in	formation to identify y	our case:					
			Traylor				
Debtor 1	Deborah First Name	Middle Name	ast Name				
Debtor 2	Ira		Traylor Last Name				
(Spouse, if filing)		,	ast Name				
United States	Bankruptcy Court for the: N	orthern District of Ohio					
Case number					Check if this		
(If known)					An amen		-tition abouter 12
						ment showing postpost s of the following da	
Official Fo	orm 106I				MM / DD /	YYYY	
Sched	lule I: You	r Income					12/15
supplying co	rrect information. If yo	ssible. If two married peo ou are married and not filir se is not filing with you, d top of any additional pag ent	ng jointly, and you	mation a	bout your spous	e. If more space is ne	eded, attach a
Fill in you informati	ur employment on.		Debtor 1			Debtor 2 or non-fili	ng spouse
attach a s	re more than one job, separate page with on about additional s.	Employment status	☐ Employed ☐ Not employed	d		✓ Employed✓ Not employed	
	art-time, seasonal, or oyed work.	Occupation	N/A			Maintenance Wor	rker
	on may include student naker, if it applies.						
or nome.	nakor, ir it appliesi	Employer's name	N/A			Inner-Space Clea	ning Corp
		Employer's address	N/A			1900 E. 9th St	
			Number Street				
						Claveland	OH 44113
			N/A City	State	ZIP Code	Cleveland	State ZIP Code
				Otato .	211 0000	31 Yrs	
		How long employed the	re? 31 Yrs			31 115	
Part 2:	Give Details Abou	t Monthly Income					
Cationate	monthly income as a	f the date you file this for	n. If you have nothi	ng to repo	ort for any line, writ	e \$0 in the space. Incl	ude your non-filing
spouse (inless vou are separated	d.					
If you or	your non-filing spouse h	nave more than one employe attach a separate sheet to the	er, combine the info nis form.	rmation fo	or all employers for	that person on the line	35
below. II	you need more space, c	altaon a coparate enectic			For Debtor 1	For Debtor 2 or non-filing spouse	
		dans and commissions /h	efore all navroll			Hon-ming apouse	
2. List mo deducti	ontnly gross wages, sa fons). If not paid monthly	lary, and commissions (b , calculate what the monthly	y wage would be.	2.	0.00	\$ 1,212.00	
3. Estima	te and list monthly ove	ertime pay.		3. + \$	0.00	+ \$0.00	
4. Calcula	ate gross income. Add	line 2 + line 3.		4.	\$0.00	\$1,212.00	
							•

Deborah Last Name Middle Name

			For	Debtor 1		ebtor 2 or iling spouse		
(Copy line 4 here→	4.	\$	0.00	\$_	1,212,00		
5. L	ist all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	225.72		
	5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00		
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00		
	5e. Insurance	5e.	\$	0.00	\$_	0.00		
	5f. Domestic support obligations	5f.	\$	0.00	\$_	0.00		
	5g. Union dues	5g.	\$	0.00	\$	67.08		
	5h. Other deductions. Specify: N/A	5h.	+\$	0.00	+ \$_	0.00		
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$	0.00	\$_	292.80		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$_	919.20		
8.	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		\$	0.00	\$	0.00		
	monthly net income.	8a. 8b.	¢	0.00	\$	0.00		
	8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependen		Φ		Ψ_			
	regularly receive							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$_	0.00		
	8d. Unemployment compensation	8d.	\$	0.00	\$_	0.00		
	8e. Social Security	8e.	\$	1,340.00	\$_	0.00		
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ce		40.00		0.00		
	Specify: Food Stamps	8f.	\$	46.00	\$_	0.00		
	8g. Pension or retirement income	8g.	\$	0.00	\$_	0.00		
	8h. Other monthly income. Specify: N/A	8h.	+\$_	0.00	+\$_	0.00		
9.	. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	1,386.00	\$_	0.00	_	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	1,386.00	+ \$_	919.20	\$	2,305.20
11.	. State all other regular contributions to the expenses that you list in Sched	dule J	1.					
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.								
	Do not include any amounts already included in lines 2-10 or amounts that are Specify:	not a	vallable	e to pay exper	1565 11516	11. +	\$	0.00
12	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S	resul	t is the	combined mo	nthly inc	ome.	\$	2,305.20
	write that afficult on the Summary of Tour Assets and Liabilities and Certain C	, and	Jul IIII	oiidaidii, ii li l				ibined
1	3. Do you expect an increase or decrease within the year after you file this t ✓ No.	form1	?				mon	thly income
	Yes. Explain:							
			-					

Fill in this	information to identi	fy your case:			
Debtor 1	Deborah	Traylor	Check if t	hio io:	
Debtor 2	First Name	Middle Name Last Name Traylor			
(Spouse, if filir		Middle Name Last Name		nended filing plement showing post	notition aboutor 12
United State	s Bankruptcy Court for the	e: Northern District of Ohio		ises as of the following	
Case numbe	er		MM / [DD / YYYY	
(If known)					
Official	Form 106J				
Sche	dule J: Yo	our Expenses			12/15
information		possible. If two married people are filieded, attach another sheet to this formon.			
Part 1:	Describe Your H	ousehold		-	
1. Is this a j	oint case?				
	Go to line 2. Ooes Debtor 2 live in	a separate household?			
	☑ No ☑ Yes. Debtor 2 must	file Official Form 106J-2, Expenses for S	eparate Household of Debtor 2	<u>.</u>	
2. Do you h	ave dependents?	☑ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
	ate the dependents'	each dependent	N/A		☐ No
names.					Yes
					☐ No ☐ Yes
					□ No
					Yes
					□ No
					Yes
					☐ No ☐ Yes
3 Do your 4	expenses include	-			— 163
expenses	s of people other than and your dependents				
Part 2:	Estimate Your Ong	joing Monthly Expenses			
		our bankruptcy filing date unless you a			
		pankruptcy is filed. If this is a supplem	ental <i>Schedule J</i> , check the b	oox at the top of the for	m and fill in the
applicable o		non-cash government assistance if you	know the value of		
		ded it on Schedule I: Your Income (Offi		Your expe	enses
	al or home ownershi	p expenses for your residence. Include	first mortgage payments and	4. \$	546.00
If not in	cluded in line 4:				
	al estate taxes			4a. \$	0.00
4b. Pro	pperty, homeowner's, o	or renter's insurance		4b. \$	0.00
4c. Ho	me maintenance, repa	ir, and upkeep expenses		4c. \$	0.00
4d. Ho	meowner's association	or condominium dues		4d. \$	0.00
Official Form	106J	Schedule J: You	r Expenses		page 1

Debtor 1

Case number (if known)_____

			Your expense	s
		_	\$	0.00
5.	Additional mortgage payments for your residence, such as home equity loans	5.		
6.	Utilities:		•	250.00
	6a. Electricity, heat, natural gas	6a.	\$	130.00
	6b. Water, sewer, garbage collection	6b.	\$	204.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d. Other. Specify: N/A	6d.	\$	400.00
7.	Food and housekeeping supplies	7.	\$	
8.	Childcare and children's education costs	8.	\$	75.00
9.	Clothing, laundry, and dry cleaning	9.	\$	
10.	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.	\$	175.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	250.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
14.	Charitable contributions and religious donations	14.	\$	25.00
15.				
	15a. Life insurance	15a.	\$	86.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	183.00
	15d. Other insurance. Specify: N/A	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: N/A	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	185.00
	17b. Car payments for Vehicle 2	17b.	\$	418.00
	17c. Other. Specify: N/A	17c.	\$	0.00
	17d. Other. Specify: N/A	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you. Specify: N/A	19.	\$	0.00
20.	and the standard in lines 4 or 5 of this form or on Schedule I. Your Income	ne.		
20.	20a. Mortgages on other property	20a.	\$	0.00
		20b.	\$	0.00
	20b. Real estate taxes	20c.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20d.	\$	75.00
	20d. Maintenance, repair, and upkeep expenses	20e.	\$	0.00
	20e. Homeowner's association or condominium dues	206.	T.	

Debtor 1	Deborah	Traylor	Case number (if known)		
	First Name Middle Name Last Nam	В			
21. Oth	er. Specify: N/A		21.	+\$	0.00
22. Cal	culate your monthly expenses.				
22a	Add lines 4 through 21.		22a.	\$	3,102.00
22b	Copy line 22 (monthly expenses for Debtor 2	22b.	\$	0.00	
22c. Add line 22a and 22b. The result is your monthly expenses.			22c.	\$	3,102.00
23. Calc	ulate your monthly net income.			•	2,305.20
23a.	Copy line 12 (your combined monthly incom	e) from Schedule I.	23a.	\$	2,000.20
23b.	Copy your monthly expenses from line 22c	above.	23b.	-\$	3,102.00
23c.	Subtract your monthly expenses from your	monthly income.	230	\$	796.80

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

V	No
-	INO.

Explain here: